1-800-325-8506

JUDICIAL CANDIDATE / OFFICEHOLDER **CAMPAIGN FINANCE REPORT**

6320

FORM JC/OH COVER SHEET PG 1

The JC/OH Instruction G	CUIDE explains how to complete this form.	1 ACCOUNT # (Ethics Commission filers) 00021113	2 PAGE # 1 of 43
3 CANDIDATE/	MS / MRS / MR FIRST	MI	OFFICE USE ONLY
OFFICEHOLDER NAME	Mr. Charles F.		Date Received
LA HATE	NICKNAME LAST	SUFFIX	Date Received
I	Charlie Baird		200
·			
4 CANDIDATE / OFFICEHOLDER	ADDRESS / PO BOX; APT / SUITE #:	CITY; STATE: ZIP CODE	
MAILING	4909 Interlachen Lane		교육인 최 성
ADDRESS	Austin, TX 78747		Date Hand-delivered or Date Postmarked
Change of Address		·	
İ			1
			Receipt # Amount
5 CAMPAIGN	MS / MRS / MR FIRST	MI	
TREASURER	Mr. Charles F.		Date Processed
NAME	NICKNAME LAST		Date Imaged
	Charlie Baird		
6 CAMPAIGN	STREET ADDRESS (NO PO BOX PLEASE); APT / SL	UITE#; CITY: STATE;	ZIP CODE
TREASURER	4909 Interlachen Lane		
ADDRESS (Residence or business)	Austin, TX 78747		•
(Househouse of the			
7 CAMPAIGN	AREA CODE PHONE NUMBER	EXTENSION	
TREASURER PHONE	(512) 233-4955		
8 REPORT TYPE	January 15 30th day before ele	ection Runoff	15th day after campaign treasurer appointment (officeholder only)
	X July 15 8th day before elec	ction Exceeded \$500 limit	Final report (Attach C/OH - FR)
9 PERIOD	Month Day Year	Month Day	Year
COVERED	02/26/2006	юидн 06/30/20	200
		UUIJUIZV	/// // // // // // // // // // // // //
10 ELECTION	ELECTION DATE ELECTION T Month Day Year	YPE	
	11/07/2006 Prima	ary Runoff X	General Special
11 OFFICE	OFFICE HELD (if any)	12 OFFICE SOUGHT (If known District Judge District	"ct 299
13 NOTICE OF			*****
DIRECT CAMPAIGN	 Direct campaign expenditures are campaign ex Candidates are required to disclose this information 	penditures made by others without the ca n only if they receive notification of the dire	andidate's prior consent or approval. ect campaign expenditure.
EXPENDITURE	·		-
BY OTHER INDIVIDUALS	Name		
11011100, 22			·
	Address/PO Box: Apt. / Suite #: City; State;	Zip Code	
-			
edd.tional pages			
	<u> </u>		
	GO TO	PAGE 2	
	30 10	PAGE 2	

JUDICIAL CANDIDATE / OFFICEHOLDER REPORT: **SUPPORT & TOTALS**

FORM JC/OH COVER SHEET PG 2

14 C/OH NAME Baird	, Charles F. (Mr.)		15 ACCOUNT # (6 00021113	Ethics Commission filers)
16 NOTICE FROM	have been made with	ntice of political expenditures by political committees to support the count the candidate's or officeholder's knowledge or consent. Candidate receive notice of such expenditures		
POLITICAL COMMITTEE(S)	COMMITTEE TYPE	COMMITTEE NAME		
	GENERAL	COMMITTEE ADDRESS		
	SPECIFIC	COMMITTEE CAMPAIGN TREASURER NAME		
additional pages		COMMITTEE CAMPAIGN TREASURER ADDRESS		
	<u> </u>		 -	_
17 CONTRIBUTION TOTALS		POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN S. LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$	430.00
		POLITICAL CONTRIBUTIONS THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$	13,280.00
EXPENDITURE TOTALS	3. TOTAL I	POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZE	\$ \$	501.34
	4. TOTAL	POLITICAL EXPENDITURES	\$	20,949.30
CONTRIBUTION BALANCE	1	POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LY OF THE REPORTING PERIOD	\$	608.98
OUTSTANDING LOAN TOTALS		PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE BY OF THE REPORTING PERIOD	\$	0.00
NOTA	AMY GLEN MAXEY Rypubuc State of Texas Dunission Expires: Bruary 18, 2008	I swear, or affirm, under penalis true and correct and include me under Title 15, Election Co	s all information require	ed to be reported by
AFFIX NOTARY S	STAMP / SEAL ABOV	Charles Boid	, this the	14 day
of Dury	20 <u>06</u> , to ce	rtify which, witness my hand and seal of office.	Notan	

	OTHER	T	HAN PLEDGES	S OR LOANS	S (JUDICIAL	_)		
	The Instruction	ON C	Suide explains how to comp	lete this form.		1 PAGE# Sche	edule: 1/3	2 Report: 3/43
2	FILER NAME	8	aird, Charles F. (Mr.)			3 ACCOUNT#		Commission filers) 0021113
4	Date	5	Full name of contributor AFL-CIO Publi Employed Equality		AC(ID# 00011114 note Legislative	_)		Amount of ontribution (\$)
	03/06/2006	6	Contributor address; C 1625 L St. N.W. Washington, DC 20036	ity; State; Zip Code				\$500.00
8	Contributor's p	rinci	pal occupation		9 Contributor's job	title	•	
10	Contributor's el	mplo	oyer/law firm		11 Law firm of contr	ibutor's spouse (if an	y)	
12	If contributor is	a cl	hild, law firm of parent(s) (if a	лу)				
13		ı-kin	n d contribution for travel outsi es 15-21. Otherwise, complet		14 In-kind description	on (if applicable)		
15	Name of perso	n(s)	traveling on whose behalf th	e travel was accepted (a	attach additional pages	if necessary)		
16	Departure city	/ loc	ation	17 Departure date	18 Destination city /	location		19 Arrival date
20	Means of trans	port	ation		21 Purpose of trave	I	·	
4	Date	5	Full name of contributor Beall, Jonathan	out-of-state PA	AC(ID#)		Amount of ontribution (\$)
	03/06/2006	6	Contributor address; C 4795 Meadow Wood Lar Chantilly, VA 20151	ity; State; Zip Code ne #300				\$100.00
8	Contributor's pr Retired	rinci	pal occupation		9 Contributor's job Retired	title	•	
10	Contributor's er Retired	mplo	oyer/law firm		11 Law firm of contr	ibutor's spouse (if an	ıy)	
12	If contributor is	a ci	hild, law firm of parent(s) (if a	ny)				
13		ı-kin	d contribution for travel outsies 15-21. Otherwise, complet		14 In-kind description	on (if applicable)		
15	Name of person	n(s)	traveling on whose behalf th	e travel was accepted (a	attach additional pages	if necessary)		
16	Departure city	loc	ation	17 Departure date	18 Destination city /	location	•	19 Arrival date
20	Means of trans	port	ation		21 Purpose of trave	<u> </u>		

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS (JUDICIAL)

	THAIT LEDGE	JON LOANS	אוסומסטן כ	·/	
The Instruction	Guide explains how to comp	lete this form.		1 PAGE # Schedu	ule: 2/32 Report: 4/43
2 FILER NAME	Baird, Charles F. (Mr.)			3 ACCOUNT#	(Ethics Commission filers) 00021113
		_	AC(ID#		7 Amount of contribution (\$) \$250.00
	1306 Nueces St. Austin, TX 78701		1		
8 Contributor's prin Attorney	cipal occupation		9 Contributor's job Attorney	title	
10 Contributor's emp Self	ployer/law firm		11 Law firm of contri	ibutor's spouse (if any)	
12 If contributor is a	child, law firm of parent(s) (if a	ny)			
	ion kind contribution for travel outsion oxes 15-21. Otherwise, complete		14 In-kind descriptio	n (if applicable)	
	(s) traveling on whose behalf the		attach additional pages	if necessary)	
16 Departure city / lo	ocation	17 Departure date	18 Destination city /	location	19 Arrival date
20 Means of transpo	ortation		21 Purpose of travel		
4 Date 5	5 Full name of contributor BMcPAC	out-of-state PA	AC(ID#)	7 Amount of contribution (\$)
05/12/2006	6 Contributor address; Ci 111 Congress Ave #1400 Austin, TX 78701	ity: State; Zip Code		, . ,	\$1,000.00
8 Contributor's princ	icipal occupation		9 Contributor's job	title	
10 Contributor's emp	ployer/law firm		11 Law firm of contri	ibutor's spouse (if any)	
12 If contributor is a	child, law firm of parent(s) (if ar	ny)			
	on kind contribution for travel outsion oxes 15-21. Otherwise, complete		14 In-kind descriptio	n (if applicable)	
15 Name of person(s	s) traveling on whose behalf the	e travel was accepted (a	attach additional pages	if necessary)	
16 Departure city / lo	ocation	17 Departure date	18 Destination city /	location	19 Arrival date
20 Means of transpo	ortation		21 Purpose of travel		

Texas Ethics Commission

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS (JUDICIAL)

state PAC(ID#	1 PAGE# Schee	dule: 3/32 Report: 5/43 (Ethics Commission filers) 00021113
	3 ACCOUNT#	•
	1	
Code		7 Amount of contribution (\$) \$150.00
9 Contributor's job Attorney	title	
11 Law firm of contri	ibutor's spouse (if any)
14 In-kind descriptio	n (if applicable)	
cable.		
epted (attach additional pages	if necessary)	
date 18 Destination city /	location	19 Arrival date
21 Purpose of travel		
)	7 Amount of contribution (\$)
Code		\$100.00
9 Contributor's job Attorney	title	
11 Law firm of contri	ibutor's spouse (if any	<i>(</i>)
<u></u>		
14 In-kind description	on (if applicable)	
epted (attach additional pages	if necessary)	
date 18 Destination city /	location	19 Arrival date
21 Purpose of travel	· · · · · · · · · · · · · · · · · · ·	<u> </u>
	9 Contributor's job Attorney 11 Law firm of contributor able. 12 Purpose of trave 21 Purpose of trave 21 Purpose of trave 13 Code 9 Contributor's job Attorney 11 Law firm of contributor's job Attorney 11 Law firm of contributor's job Attorney 12 Purpose of trave	9 Contributor's job title Attorney 11 Law firm of contributor's spouse (if any able. 12 In-kind description (if applicable) able. 13 Destination city / location 24 Purpose of travel 25 Contributor's job title Attorney 16 Law firm of contributor's spouse (if any able. 17 In-kind description (if applicable) able. 18 Destination city / location

P.O. Box 12070 POLITICAL CONTRIBUTIONS SCHEDULE A (J) OTHER THAN PLEDGES OR LOANS (JUDICIAL) 1 PAGE # Schedule: 4/32 Report: 6/43 The Instruction Guide explains how to complete this form. Baird, Charles F. (Mr.) (Ethics Commission filers) 2 FILER NAME 3 ACCOUNT# 00021113 Date 5 Full name of contributor X out-of-state PAC(ID# C00002089 7 Amount of contribution (\$) **CWA-COPE** \$500.00 03/06/2006 6 Contributor address; City; State; Zip Code 501 3rd St NW Washington, DC 20001 Contributor's principal occupation Contributor's job title 10 Contributor's employer/law firm 11 Law firm of contributor's spouse (if any) 12 If contributor is a child, law firm of parent(s) (if any) 13 In-kind contribution 14 In-kind description (if applicable) Check if in-kind contribution for travel outside Texas and complete boxes 15-21. Otherwise, complete box 14 if applicable. 15 Name of person(s) traveling on whose behalf the travel was accepted (attach additional pages if necessary) 16 Departure city / location 17 Departure date 18 Destination city / location 19 Arrival date 20 Means of transportation 21 Purpose of travel Full name of contributor Out-of-state PAC(ID# C00032979 Date 7 Amount of **DRIVE Committee** contribution (\$) 02/27/2006 \$2,500.00 Contributor address: City; State; Zip Code 25 Louisiana Ave NW Washington, DC 20001-2198 Contributor's principal occupation Contributor's job title 10 Contributor's employer/law firm 11 Law firm of contributor's spouse (if any) 12 If contributor is a child, law firm of parent(s) (if any) 13 In-kind contribution 14 In-kind description (if applicable) Check if in-kind contribution for travel outside Texas and complete boxes 15-21. Otherwise, complete box 14 if applicable. 15 Name of person(s) traveling on whose behalf the travel was accepted (attach additional pages if necessary) 16 Departure city / location 17 Departure date 18 Destination city / location 19 Arrival date 20 Means of transportation 21 Purpose of travel

Texas Ethics Commission

SCHEDULE A	A ((J	
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	The Instruction Guide explains how to comp	olete this form.	_	1 PAGE# Scheo	dule: 5/32 Report: 7/43
2	FILER NAME Baird, Charles F. (Mr.)			3 ACCOUNT#	(Ethics Commission filers) 00021113
4	Date 5 Full name of contributor Fitzgerald & Meissner, F 04/27/2006 6 Contributor address; C 812 San Antonio #101 Austin, TX 78701-2224		AC(ID#		7 Amount of contribution (\$)
8	Contributor's principal occupation Attorneys		9 Contributor's job Attorneys	title	
10	Contributor's employer/law firm Attorneys		11 Law firm of contri	butor's spouse (if any	
12	If contributor is a child, law firm of parent(s) (if a	iny)			
	In-kind contribution Check if in-kind contribution for travel outsicomplete boxes 15-21. Otherwise, completed Name of person(s) traveling on whose behalf the	te box 14 if applicable.	14 In-kind descriptio		
	Departure city / location	17 Departure date	18 Destination city /		19 Arrival date
		·			
20	Means of transportation		21 Purpose of travel		
4	Date 5 Full name of contributor Gillespie, Tim 03/07/2006 6 Contributor address; C 10603 Zeus Cove Austin, TX 78759	out-of-state PA	AC(ID#		7 Amount of contribution (\$) \$100.00
8	Contributor's principal occupation Banker		9 Contributor's job Banker	title	
10	Contributor's employer/law firm Capital One		11 Law firm of contri	butor's spouse (if any)
12	If contributor is a child, law firm of parent(s) (if a	ny)			
13	In-kind contribution Check if in-kind contribution for travel outsic complete boxes 15-21. Otherwise, complete		14 In-kind descriptio	n (if applicable)	-
15	Name of person(s) traveling on whose behalf the	e travel was accepted (a	attach additional pages	if necessary)	
16	Departure city / location	17 Departure date	18 Destination city /	location	19 Arrival date
20	Means of transportation		21 Purpose of travel		<u> </u>

Texas Ethics Commission

SCHEDULE 🖡	A (,	J	١
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	The Instruction	ом Guide explains how to comp	lete this form.	_	1 PAGE# Sched	ule: 6/32 Report: 8/43
2	FILER NAME	Baird, Charles F. (Mr.)			3 ACCOUNT#	(Ethics Commission filers) 00021113
4	Date	5 Full name of contributor Goodman, Erik S	out-of-state PA	,		7 Amount of contribution (\$)
	05/04/2006	6 Contributor address; C 1012 Rio Grande Austin, TX 78701	ity; State; Zip Code			\$250.00
8	Contributor's pr Attorney	incipal occupation		9 Contributor's job t Attorney	title	
10	Contributor's er Self	nployer/law firm		11 Law firm of contri	butor's spouse (if any))
12	If contributor is	a child, law firm of parent(s) (if a	ny)			
13		tion -kind contribution for travel outsi poxes 15-21. Otherwise, complet		14 In-kind description	n (if applicable)	
15	Name of persor	n(s) traveling on whose behalf the	e travel was accepted (a	ttach additional pages	if necessary)	
16	Departure city /	location	17 Departure date	18 Destination city /	location	19 Arrival date
20	Means of trans	portation		21 Purpose of travel		
4	Date	5 Full name of contributor Granger & Mueller, P.C.	out-of-state PA	C(ID#		7 Amount of contribution (\$)
	03/01/2006	6 Contributor address; C 605 W. 10th St. Austin, TX 78701-2042	ity; State; Zip Code			\$500.00
8	Contributor's pr Attorneys	incipal occupation		9 Contributor's job Attorneys	title	
10	Contributor's er Attorneys	nployer/law firm		11 Law firm of contri	butor's spouse (if any)
12	If contributor is	a child, law firm of parent(s) (if a	ny)		· · · · · · · · · · · · · · · · · · ·	
13		tion -kind contribution for travel outsion		14 In-kind descriptio	n (if applicable)	
15		n(s) traveling on whose behalf the	· · · · · · · · · · · · · · · · · · ·	ttach additional pages	if necessary)	
16	Departure city /	location	17 Departure date	18 Destination city /	location	19 Arrival date
20	Means of transp	portation		21 Purpose of travel		

SCHEDULE	A ((\mathbf{J}))
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The I NSTRUCTO	ON GUIDE explains how to comp	plete this form.		1 PAGE # Sched	lule: 7/32 Report: 9/43
2 FILER NAME	Baird, Charles F. (Mr.)			3 ACCOUNT#	(Ethics Commission filers) 00021113
4 Date	5 Full name of contributor Grizzard, Leon J.	ut-of-state PA	AC(ID#		7 Amount of contribution (\$)
05/02/2006	6 Contributor address; C 1012 Rio Grande Austin, TX 78701	City; State; Zip Code			\$150.00
8 Contributor's p Attorney	principal occupation		9 Contributor's job t Attorney	itle	
10 Contributor's e Self	employer/law firm		11 Law firm of contri	butor's spouse (if any)
12 If contributor is	s a child, law firm of parent(s) (if a	eny)			
☐ complete	n-kind contribution for travel outsi boxes 15-21. Otherwise, complet	te box 14 if applicable.	14 In-kind description		
15 Name or perso	on(s) traveling on whose behalf th	e travel was accepted (a	attach additional pages	if necessary)	
16 Departure city	/ location	17 Departure date	18 Destination city /	ocation	19 Arrival date
20 Means of trans	sportation		21 Purpose of travel		<u> </u>
4 Date	5 Full name of contributor Hendler, Scott	out-of-state PA	AC(ID#	_)	7 Amount of contribution (\$)
03/02/2006	6 Contributor address; C 1300 Alta Vista Avenue Austin, TX 78704	ity; State; Zip Code			\$250.00
8 Contributor's p Attorney	rincipal occupation		9 Contributor's job t Attorney	itle	
10 Contributor's e Self	mployer/law firm		11 Law firm of contril The Hendler La)
12 If contributor is	a child, law firm of parent(s) (if a	ny)			
	ution n-kind contribution for travel outsi boxes 15-21. Otherwise, complet		14 In-kind description	n (if applicable)	
15 Name of perso	n(s) traveling on whose behalf the	e travel was accepted (a	ittach additional pages	if necessary)	
16 Departure city	/ location	17 Departure date	18 Destination city / I	ocation	19 Arrival date
20 Means of trans	portation		21 Purpose of travel		——————————————————————————————————————

SCHEDULE ${\sf A}$ $({\sf J})$

	OTHER	THAN PLEUGE	S OR LOAN:	S (JUDICIAL	-)	
	The Instruction	ON GUIDE explains how to comp	olete this form.	1 PAGE# Schedule: 8/32 Report: 10/43		
2	FILER NAME	Baird, Charles F. (Mr.)			3 ACCOUNT#	(Ethics Commission filers) 00021113
4	Date	5 Full name of contributor Inglis, lan	out-of-state P	AC(ID#)	7 Amount of contribution (\$)
	05/03/2006	6 Contributor address; C 1012 Rio Grande Austin, TX 78701	city; State; Zip Code			\$250.00
8	Contributor's p	rincipal occupation		9 Contributor's job Attorney	title	
10	Contributor's ea	mployer/law firm		11 Law firm of contributor's spouse (if any)		
12	! If contributor is	a child, law firm of parent(s) (if a	ny)			
13		ution h-kind contribution for travel outsi boxes 15-21. Otherwise, complet		14 In-kind description	on (if applicable)	
15	Name of perso	n(s) traveling on whose behalf th	e travel was accepted (attach additional pages	if necessary)	
16	Departure city	location	17 Departure date	18 Destination city /	location	19 Arrival date
20	Means of trans	portation	 	21 Purpose of trave		
4	Date	5 Full name of contributor Kuhn, Doyle & Kuhn	Out-of-state P	AC(ID#		7 Amount of contribution (\$)
	05/03/2006	6 Contributor address; C 603 West 8th St. Austin, TX 78701	ity; State; Zip Code			\$500.00
8	8 Contributor's principal occupation Attorneys			9 Contributor's job title Attorneys		
10	10 Contributor's employer/law firm Attorneys			11 Law firm of contributor's spouse (if any)		
12	If contributor is	a child, law firm of parent(s) (if a	ny)			
13		ition -kind contribution for travel outsi poxes 15-21. Otherwise, complet		14 In-kind description	on (if applicable)	
15	Name of person	n(s) traveling on whose behalf th	e travel was accepted (attach additional pages	if necessary)	
16	Departure city /	location	17 Departure date	18 Destination city /	location	19 Arrival date
20	Means of trans	portation	· · · · · · · · · · · · · · · · · · ·	21 Purpose of trave		<u> </u>

SCHEDULE	A (J)
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	OTHER	THAN PLEDGES	S OR LOANS	S (JUDICIAL	<u>.) </u>		
	The Instruction	ON GUIDE explains how to comp	olete this form.		1 PAGE # Schedule: 9/32 Report: 11/43		
2	FILER NAME	Baird, Charles F. (Mr.)			3 ACCOUNT#		Commission filers)
4	Date	5 Full name of contributor Law Office of Frank Brys	out-of-state Pa	AC(ID#)		Amount of ontribution (\$)
	05/02/2006	6 Contributor address; C 106 East 6th St. #900 Austin, TX 78701	City; State; Zip Code				\$100.00
8	Contributor's p Attorneys	rincipal occupation		9 Contributor's job title Attorneys			
10	10 Contributor's employer/law firm Attorneys			11 Law firm of contributor's spouse (if any)			
12	If contributor is	a child, law firm of parent(s) (if a	ny)			•	
13		ution n-kind contribution for travel outsi boxes 15-21. Otherwise, complet		14 In-kind descriptio	n (if applicable)		
15	15 Name of person(s) traveling on whose behalf the travel was accepted (attach additional pages if necessary)						
16	Departure city	location	17 Departure date	18 Destination city /	location		19 Arrival date
20	Means of trans	portation		21 Purpose of travel			
4	Date	5 Full name of contributor Law Office of Travis Will		AC(ID#	_)		Amount of ontribution (\$)
	05/05/2006	6 Contributor address; C 3808 South 1st St. Austin, TX 78704	ity; State; Zip Code				\$1,500.00
8	8 Contributor's principal occupation Attorneys			9 Contributor's job title Attorneys			
10	10 Contributor's employer/law firm Attorneys			11 Law firm of contributor's spouse (if any)			
12	If contributor is	a child, law firm of parent(s) (if a	ny)	 		•	
13	In-kind contribu	ition		14 In-kind descriptio	n (if applicable)		
		kind contribution for travel outsicoxes 15-21. Otherwise, complet					
15	Name of persor	n(s) traveling on whose behalf the	e travel was accepted (a	attach additional pages	if necessary)		
16	Departure city /	location	17 Departure date	18 Destination city /	location		19 Arrival date
20	Means of transp	portation		21 Purpose of travel			

P.O. Box 12070

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS (JUDICIAL)

SCHEDULE A (J)

(512)463-5800

			3 (00B101) (L	<u>''</u>		
The Instruction Guide	explains how to comp	olete this form.		1 PAGE# Schedule: 10/32 Report: 12/43		
2 FILER NAME Baird,	Charles F. (Mr.)	-		3 ACCOUNT#	(Ethics Commission filers) 00021113	
03/06/2006 6 Cor 460	Maldonado, Ricardo 03/06/2006 6 Contributor address; City; State; Zip Co. 4609 Sliverstone Dr. Austin, TX 78744)	7 Amount of contribution (\$) \$100.00	
8 Contributor's principal o	ccupation	···· -	9 Contributor's job	title		
10 Contributor's employer/li	aw firm		11 Law firm of contri	butor's spouse (if any)	
12 If contributor is a child, I	aw firm of parent(s) (if a	пу)	I			
Complete boxes 15	ntribution for travel outsi -21. Otherwise, completeling on whose behalf th	te box 14 if applicable.	14 In-kind description (if applicable) (attach additional pages if necessary)			
16 Departure city / location		17 Departure date	18 Destination city /	location	19 Arrival date	
20 Means of transportation			21 Purpose of travel			
	name of contributor rtinez, Leonard	out-of-state PA	AC(ID#		7 Amount of contribution (\$)	
812	ntributor address; C 2 San Antonio #101 stin, TX 78701	ity; State; Zip Code			\$100.00	
8 Contributor's principal or Attorney	ccupation		9 Contributor's job Attorney	title		
10 Contributor's employer/li Self	aw firm		11 Law firm of contributor's spouse (if any)			
12 If contributor is a child, la	aw firm of parent(s) (if a	ny)				
	ntribution for travel outsi -21. Otherwise, complet		14 In-kind descriptio	n (if applicable)		
15 Name of person(s) trave	eling on whose behalf th	e travel was accepted (a	attach additional pages	if necessary)		
16 Departure city / location		17 Departure date	18 Destination city /	location	19 Arrival date	
20 Means of transportation			21 Purpose of travel			

Texas Ethics Commission

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS (JUDICIAL)

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	The Instruction	ON GUIDE explains how to comp	olete this form.		1 PAGE# Schee	dule: 11/32 Report: 13/43	
2	FILER NAME	Baird, Charles F. (Mr.)			3 ACCOUNT#	(Ethics Commission filers) 00021113	
4	Date 05/19/2006	5 Full name of contributor McCool, Melanie 6 Contributor address; C 4106 Creek Ledge Austin, TX 78731-4638	out-of-state PA	AC(ID#		7 Amount of contribution (\$) \$150.00	
8	Contributor's p Attorney	I rincipal occupation		9 Contributor's job Attorney	title		
10	Contributor's e Fulbright and			11 Law firm of contributor's spouse (if any)			
12	? If contributor is	a child, law firm of parent(s) (if a	any)				
	 13 In-kind contribution Check if in-kind contribution for travel outside Texas and complete boxes 15-21. Otherwise, complete box 14 if applicable. 15 Name of person(s) traveling on whose behalf the travel was accepted 			14 In-kind description (if applicable)			
15							
16	Departure city /	/ location	17 Departure date	18 Destination city /	location	19 Arrival date	
20	Means of trans	portation		21 Purpose of travel			
4	Date	5 Full name of contributor McCrimmon, Mark	_	AC(ID#)	7 Amount of contribution (\$)	
	04/25/2006	6 Contributor address; C 704 West 9th St. Austin, TX 78701	City; State; Zip Code			\$100.00	
8 Contributor's principal occupation Attorney				9 Contributor's job title Attorney			
10 Contributor's employer/law firm Self				11 Law firm of contributor's spouse (if any)			
12	If contributor is	a child, law firm of parent(s) (if a	ny)				
13		ution n-kind contribution for travel outsi boxes 15-21. Otherwise, complet		14 In-kind description	on (if applicable)		
15	Name of perso	n(s) traveling on whose behalf th	e travel was accepted (a	attach additional pages	if necessary)		
16	Departure city /	location	17 Departure date	18 Destination city /	location	19 Arrival date	
20	Means of trans	portation		21 Purpose of travel	· · · · · · · · · · · · · · · · · · ·	L	

SCHEDULE A (J)	SCHEDULE	A (J	١
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OTHER	R THAN PLEDGE	S OR LOAN	S (JUDICIAL	.)		
The Instruct	ION GUIDE explains how to com	plete this form.	1 PAGE# Schedule: 12/32 Report: 14/43			
2 FILER NAME	Baird, Charles F. (Mr.)		_	3 ACCOUNT#	(Ethics Commission filers) 00021113	
4 Date	5 Full name of contributor Minton, Burton, Foster &	out-of-state P Collins	AC(ID#		7 Amount of contribution (\$)	
04/27/2006	6 Contributor address; 0 1100 Guadalupe St. Austin, TX 78701	City; State; Zip Code			\$1,500.00	
8 Contributor's p Attorneys	orincipal occupation		9 Contributor's job title Attorneys			
10 Contributor's e Attorneys	10 Contributor's employer/law firm Attorneys			11 Law firm of contributor's spouse (if any)		
12 If contributor is	s a child, law firm of parent(s) (if a	any)				
13 In-kind contribution Check if in-kind contribution for travel outside Texas and complete boxes 15-21. Otherwise, complete box 14 if applicable.			14 In-kind description	n (if applicable)		
15 Name of person	on(s) traveling on whose behalf th	ne travel was accepted (attach additional pages	if necessary)		
16 Departure city	/ location	17 Departure date	18 Destination city /	location	19 Arrival date	
20 Means of trans	sportation		21 Purpose of travel	;		
4 Date	5 Full name of contributor Mirabal, M. Blas	out-of-state P	AC(ID#)	7 Amount of contribution (\$)	
02/27/2006	6 Contributor address; C 4322 Oxhill Drive Spring, TX 77388	City; State; Zip Code			\$100.00	
8 Contributor's principal occupation Retired			9 Contributor's job title Retired			
10 Contributor's employer/law firm Retired			11 Law firm of contributor's spouse (if any)			
12 If contributor is	s a child, law firm of parent(s) (if a	iny)				
13 In-kind contrib	ution		14 In-kind description	n (if applicable)		
	n-kind contribution for travel outsi boxes 15-21. Otherwise, comple					
15 Name of perso	on(s) traveling on whose behalf th	e travel was accepted (a	attach additional pages	if necessary)		
16 Departure city	/ location	17 Departure date	18 Destination city /	location	19 Arrival date	
20 Means of trans	sportation	1	21 Purpose of travel		I	

Texas Ethics Commission P.O. Box 12070 Austin, Texas 78711-2070 POLITICAL CONTRIBUTIONS

~~	SCHEDULE	A ((J)
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L	OTHER	THAN PLEDGE	5 OR LUAN	2 (JUDICIAL	-)	
	The Instructi	ON GUIDE explains how to comp	olete this form.		1 PAGE# Sched	lule: 13/32 Report: 15/43
2	FILER NAME	Baird, Charles F. (Mr.)			3 ACCOUNT#	(Ethics Commission filers) 00021113
4	Date	5 Full name of contributor Nuckols, Tom	out-of-state F	PAC(ID#)	7 Amount of contribution (\$)
	03/01/2006	6 Contributor address; C 2309 Farnsworth Circle Austin, TX 78704-4519	City; State; Zip Code		,	\$100.00
8	Contributor's p Attorney	rincipal occupation		9 Contributor's job Attorney	title	
10	Contributor's e Travis Count	mployer/law firm y Attorney		11 Law firm of contr	ibutor's spouse (if any)
12	If contributor is	a child, law firm of parent(s) (if a	iny)	.	····	
13	In-kind contribu	ution n-kind contribution for travel outsi boxes 15-21. Otherwise, comple	ide Texas and te box 14 if applicable.	14 In-kind description	on (if applicable)	<u> </u>
15	Name of perso	n(s) traveling on whose behalf th	e travel was accepted (attach additional pages	if necessary)	
16	Departure city	/ location	17 Departure date	18 Destination city /	location	19 Arrival date
20	Means of trans	sportation	<u> </u>	21 Purpose of trave	1	
4	Date	5 Full name of contributor Pitts, Stephen	Out-of-state P	PAC(ID#)	7 Amount of contribution (\$)
	06/02/2006	6 Contributor address; C 12343 Hunters Chase D Austin, TX 78729	City; State; Zip Code or. #313			\$100.00
8	8 Contributor's principal occupation Attorney			9 Contributor's job title Attorney		
10	Contributor's e	mployer/law firm		11 Law firm of contributor's spouse (if any)		
12	If contributor is	a child, law firm of parent(s) (if a	eny)			
13	In-kind contribu	ution		14 In-kind description	on (if applicable)	· -
		n-kind contribution for travel outsi boxes 15-21. Otherwise, comple				
15	Name of perso	n(s) traveling on whose behalf th	e travel was accepted (attach additional pages	if necessary)	
16	Departure city	/ location	17 Departure date	18 Destination city /	location	19 Arrival date
20	Means of trans	portation	L	21 Purpose of trave	I	L

SCHEDULE A

OTILK MAN FLEDGE	ON LOAN.	3 (JUDICIAL	- <i>)</i> ,		
The Instruction Guide explains how to comp	olete this form.		1 PAGE # Schedule: 14/32 Report: 16/43		
2 FILER NAME Baird, Charles F. (Mr.)			3 ACCOUNT#	(Ethics Commission filers) 00021113	
4 Date 5 Full name of contributor Ray, Wood & Bonilla L.L. 02/27/2006 6 Contributor address; C.P.O. Box 165001 Austin, TX 78716				7 Amount of contribution (\$) \$500.00	
8 Contributor's principal occupation Attorneys		9 Contributor's job Attorneys	title		
10 Contributor's employer/law firm Attorneys		11 Law firm of contr	ibutor's spouse (if any)	
12 If contributor is a child, law firm of parent(s) (if a	iny)				
13 In-kind contribution Check if in-kind contribution for travel outsi complete boxes 15-21. Otherwise, complete 15 Name of person(s) traveling on whose behalf the	te box 14 if applicable.	14 In-kind description			
16 Departure city / location	17 Departure date	18 Destination city /	location	19 Arrival date	
20 Means of transportation	L	21 Purpose of trave	l		
4 Date 5 Full name of contributor Reed, Richard 03/06/2006 6 Contributor address; C 11614 Anatole Court Austin, TX 78748-2820	out-of-state P.	AC(ID#) ,	7 Amount of contribution (\$) \$100.00	
8 Contributor's principal occupation Attorney		9 Contributor's job Attorney	title		
10 Contributor's employer/law firm Travis County District Attorney		11 Law firm of contributor's spouse (if any)			
12 If contributor is a child, law firm of parent(s) (if a	ny)				
13 In-kind contribution Check if in-kind contribution for travel outsi complete boxes 15-21. Otherwise, complete		14 In-kind description	on (if applicable)		
15 Name of person(s) traveling on whose behalf th	e travel was accepted (attach additional pages	if necessary)		
16 Departure city / location	17 Departure date	18 Destination city /	location	19 Arrival date	
20 Means of transportation		21 Purpose of trave	ļ	···	

SCHEDULE	Α	(J
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OTHER THAN PLEDGES OR LOANS (JUDICIAL)								
	The I NSTRUCTION GUIDE explains how to comp	lete this form.		1 PAGE # Schedule: 15/32 Report: 17/43				
2	FILER NAME Baird, Charles F. (Mr.)			3 ACCOUNT#	(Ethics Commission filers) 00021113			
4	Date 5 Full name of contributor Sablatura, Russ	out-of-state P/	AC(ID#)	7 Amount of contribution (\$)			
	02/28/2006 6 Contributor address; Ci 13809 Research Blvd. #5 Austin, TX 78750	ity; State; Zip Code 510			\$250.00			
8	Contributor's principal occupation Attorney		9 Contributor's job title Attorney					
10	Contributor's employer/law firm Self		11 Law firm of contributor's spouse (if any)					
12	If contributor is a child, law firm of parent(s) (if an	ny)						
13	In-kind contribution Check if in-kind contribution for travel outsic complete boxes 15-21. Otherwise, complete		14 In-kind descriptio	n (if applicable)				
15	15 Name of person(s) traveling on whose behalf the travel was accepted (attach additional pages if necessary)							
16	Departure city / location	17 Departure date	18 Destination city /	location	19 Arrival date			
20	Means of transportation		21 Purpose of travel					
4	Date 5 Full name of contributor Shelton, Polk	out-of-state PA	AC(ID#)	7 Amount of contribution (\$)			
	03/06/2006 6 Contributor address; Ci 600 Little Oak Drive Austin, TX 78753-2120	ity; State; Zip Code			\$100.00			
8	Contributor's principal occupation Attorney		9 Contributor's job title Attorney					
10	Contributor's employer/law firm Self		11 Law firm of contributor's spouse (if any)					
12	If contributor is a child, law firm of parent(s) (if ar	ny)						
13	In-kind contribution		14 In-kind descriptio	n (if applicable)	- · · · - · · · · · · · · · · · · · · ·			
	Check if in-kind contribution for travel outsic complete boxes 15-21. Otherwise, complete							
15	15 Name of person(s) traveling on whose behalf the travel was accepted (attach additional pages if necessary)							
16	Departure city / location	17 Departure date	18 Destination city / location 19 Arrival					
20	Means of transportation		21 Purpose of travel					

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS (JUDICIAL)

The Instruction	The Instruction Guide explains how to complete this form.				1 PAGE # Schedule: 16/32 Report: 18/43			
2 FILER NAME	Baird, Charles F. (Mr.)			3 ACCOUNT#	(Ethics Commission filers) 00021113			
00/07/0000	Wehnes, Antonio				7 Amount of contribution (\$) \$200.00			
8 Contributor's princ Attorney	ipal occupation		9 Contributor's job title Attorney					
10 Contributor's empl Self	oyer/law firm		11 Law firm of contri	butor's spouse (if an				
12 If contributor is a c	child, law firm of parent(s) (if a	ny)						
complete box	nd contribution for travel outsi les 15-21. Otherwise, complet	te box 14 if applicable.	14 In-kind description (if applicable)					
15 Name of person(s) traveling on whose behalf the travel was accepted (attach additional pages if necessary)								
16 Departure city / loc	cation	17 Departure date	18 Destination city /	location	19 Arrival date			
20 Means of transpor	tation		21 Purpose of travel					
4 Date 5 Full name of contributor Unit-of-state P. Williams, Jeremiah D. 02/28/2006 6 Contributor address; City; State; Zip Code 13809 Research Blvd. #510 Austin, TX 78750			PAC(ID#) 7 Amount of contribution (\$)					
8 Contributor's princ Attorney	ipal occupation		9 Contributor's job title Attorney					
10 Contributor's employees Self	oyer/law firm		11 Law firm of contributor's spouse (if any)					
12 If contributor is a c	hild, law firm of parent(s) (if a	ny)						
13 In-kind contribution Check if in-kind contribution for travel outside Texas and complete boxes 15-21. Otherwise, complete box 14 if applicable.			14 In-kind description (if applicable)					
15 Name of person(s)	traveling on whose behalf the	e travel was accepted (a	attach additional pages	if necessary)				
16 Departure city / loc	cation	17 Departure date	18 Destination city /	18 Destination city / location 19 Arrival date				
20 Means of transport	tation		21 Purpose of travel					

(512)463-5800

POLITI	S	CHEDULE F					
The Instruction	on Guide explains how to comp	plete this form.		1 PAGE # Schedule: 1/8	Report	t: 19/43	
2 FILER NAME	Baird, Charles F. (Mr.)			3 ACCOUNT # (Ethics Commission file 00021113			
4 Date	5 Payee name Atkins, Jesse				7	Amount (\$)	
05/01/2006	6 Payee address; C 5700 Cameron Rd. #23 Austin, TX 78723	City; State; Zip Code				\$245.00	
8 Purpose of par (See instruction blockwalking	ns regarding type of information	9 ** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Baird, Charles F. (Mr.)					
Payment fo	or travel outside Texas (complete	boxes 10-16)	Office sought: Office held: Distri	ict Judge			
	n(s) traveling on whose behalf th		was made (attach addit	ional pages if necess	sary)		
11 Departure city / location 12 Departure date			13 Destination city / location 14 Arrival date			14 Arrival date	
15 Means of transportation			16 Purpose of travel				
4 Date	5 Payee name Austin Chronicle		 		7	Amount (\$)	
05/05/2006	6 Payee address: C P.O. Box 49066 Austin, TX 78765	city; State; Zip Code				\$237.00	
8 Purpose of pay (See instructional ad extra cost	ns regarding type of information	required.)	9 · · Complete if direct expenditure to benefit Candidate/Officeholder · · · Candidate / Officeholder name: Baird, Charles F. (Mr.)				
☐ Payment fo	or travel outside Texas (complete	boxes 10-16)	Office sought: Office held: District Judge				
10 Name of person	n(s) traveling on whose behalf th	e expenditure for travel	was made (attach addit	tional pages if neces	sary)	<u> </u>	
11 Departure city	/ location	12 Departure date	13 Destination city / location 14 Arrival date			14 Arrival date	
15 Means of trans	portation	16 Purpose of travel			<u>.</u>		
			<u> </u>				

POLITI	SCHEDULE F							
The Instruction	on Guide explains how to comp	olete this form.		1 PAGE # Schedule: 2/8	Repor	t: 20/43		
2 FILER NAME	Baird, Charles F. (Mr.)			3 ACCOUNT # 00021113	ommission filers)			
4 Date	5 Payee name Butts, David					Amount (\$)		
05/01/2006	6 Payee address; C 1914 Patton Lane Austin, TX 78723	City; State; Zip Code				\$2,000.00		
8 Purpose of pay (See instruction political consu	ns regarding type of information	required.)	9 · · Complete if direct Candidate / Officehol Baird, Charles F. (der name:	efit Cand	idate/Officeholder **		
			Office sought:	ak budan				
Payment for travel outside Texas (complete boxes 10-16) Office held: District Judge 10 Name of person(s) traveling on whose behalf the expenditure for travel was made (attach additional pages if necessary)								
To Hamb of police.	To the of porton (e) the one of the oxponental of the oxponental of the oxponental oxponental pages it hosessery)							
11 Departure city /	location	12 Departure date	13 Destination city / location 14 Arrival date			14 Arrival date		
15 Means of transp	portation		16 Purpose of travel					
4 Date	5 Payee name Ignite Consulting				7	Amount (\$)		
03/06/2006	6 Payee address; C 4032 South Lamar #146 Austin, TX 78704	ity; State; Zip Code		•••••		\$2,998.70		
8 Purpose of pay (See instruction automated tel	s regarding type of information	required.)	9 · · Complete if direct expenditure to benefit Candidate/Officeholder · · · Candidate / Officeholder name: Baird, Charles F. (Mr.)					
			Office sought:					
	r travel outside Texas (complete	<u> </u>	L	ct Judge				
To Halle of person	(5) travoling on whose benefit th	e experionale for traver	was made (allaci) addit	onal pages if neces	saiy)			
11 Departure city /	location	12 Departure date	13 Destination city / location 14 Arrival date			14 Arrival date		
15 Means of transp	ortation	16 Purpose of travel						
			<u> </u>					

Texas Ethics Commission P.O.Box 12070 Austin, Texas 78711-2070 (512)463-5800 1-800-325-8506 **POLITICAL EXPENDITURES** SCHEDULE F 1 PAGE# The INSTRUCTION GUIDE explains how to complete this form. Schedule: 3/8 Report: 21/43 2 FILER NAME Baird, Charles F. (Mr.) 3 ACCOUNT# (Ethics Commission filers) 00021113 4 Payee name Date Amount Kolstad, Laura (\$) 03/01/2006 \$500.00 City, State, Zip Code 6 Payee address: 1708 Teaberry Drive Austin, TX 78745 Purpose of payment 9 * Complete if direct expenditure to benefit Candidate/Officeholder (See instructions regarding type of information required.) Candidate / Officeholder name: political consultation Baird, Charles F. (Mr.) Office sought: Office held: **District Judge** Payment for travel outside Texas (complete boxes 10-16) 10 Name of person(s) traveling on whose behalf the expenditure for travel was made (attach additional pages if necessary) 11 Departure city / location 12 Departure date 13 Destination city / location 14 Arrival date 15 Means of transportation 16 Purpose of travel Date Payee name Amount Kolstad, Laura (\$) 03/17/2006 \$1,000.00 6 Payee address; City; State; Zip Code 1708 Teaberry Drive Austin, TX 78745 9 ** Complete if direct expenditure to benefit Candidate/Officeholder *** Purpose of payment Candidate / Officeholder name: (See instructions regarding type of information required.) political consultation Baird, Charles F. (Mr.) Office sought: Payment for travel outside Texas (complete boxes 10-16) Office held: District Judge 10 Name of person(s) traveling on whose behalf the expenditure for travel was made (attach additional pages if necessary) 12 Departure date 11 Departure city / location 13 Destination city / location 14 Arrival date 16 Purpose of travel 15 Means of transportation

POLITI	SCHEDULE F	;					
The Instruction	ON GUIDE explains how to comp	elete this form.		1 PAGE # Schedule: 4/8	8 Report: 22/43		
2 FILER NAME	Baird, Charles F. (Mr.)			3 ACCOUNT # 00021113	(Ethics Commission filers)		
4 Date	5 Payee name Maxey, Glen			<u> </u>	7 Amount (\$)		
05/17/2006		tity; State; Zip Code			\$250.	.00	
8 Purpose of payment (See instructions regarding type of information required.) political consultation 9 ** Complete if direct expenditured Candidate / Officeholder name: Baird, Charles F. (Mr.)					nefit Candidate/Officeholder		
☐ Payment fo	or travel outside Texas (complete	boxes 10-16)	Office sought: Office held: District Judge				
10 Name of perso	n(s) traveling on whose behalf th	e expenditure for travel	was made (attach addit	ional pages if neces	ssary)		
11 Departure city / location 12 Departure date			13 Destination city / location 14 Arrival date			<u> </u>	
15 Means of trans	portation		16 Purpose of travel				
4 Date	5 Payee name Niche Pubs				7 Amount (\$)		
03/17/2006	6 Payee address; C P.O. Box 190 Lockport, IL 60441	ity; State; Zip Code			\$275.	.00	
8 Purpose of pay (See instruction Austin Lawye	ns regarding type of information	required.)	9 ** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Baird, Charles F. (Mr.)				
Payment fo	or travel outside Texas (complete	boxes 10-16)	Office sought: Office held: District Judge				
10 Name of person	n(s) traveling on whose behalf th	e expenditure for travel	was made (attach addit	ional pages if neces	ssary)		
11 Departure city	location	12 Departure date	13 Destination city / location 14 Arrival dat				
15 Means of trans	portation		16 Purpose of travel				
	······		<u> </u>				

POLITICAL EXPENDITURES

SCHEDULE F

The Instruction	อง Guide explains how to comp	elete this form.		1 PAGE # Schedule: 5/8	Report	:: 23/43		
2 FILER NAME	Baird, Charles F. (Mr.)			3 ACCOUNT # (Ethics Commission file 00021113				
4 Date	5 Payee name Opal Divine's		7 Amour (\$)			Amount (\$)		
03/07/2006	700 W 6th St Austin, TX 78701					\$634.58		
8 Purpose of par (See instruction Election Night	ns regarding type of information	required.)	9 ** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Baird, Charles F. (Mr.)					
			Office sought:					
Payment fo	or travel outside Texas (complete	boxes 10-16)	Office held: Distri	ct Judge				
10 Name of perso	n(s) traveling on whose behalf th	e expenditure for travet v	was made (attach additi	ional pages if necess	ary)			
11 Departure city / location 12 Departure date			13 Destination city / location 14 Arrival date			14 Arrival date		
15 Means of transportation			16 Purpose of travel					
4 Date	5 Payee name Opinion Analysts Inc				7	Amount (\$)		
03/07/2006	6 Payee address; C 906 Rio Grande Austin, TX 78701	ity; State; Zip Code				\$517.31		
8 Purpose of pay (See instruction select elephone	ns regarding type of information	required.)	9 · · Complete if direct Candidate / Officehold	t expenditure to bene der name:	fit Cand	idate/Officeholder		
			Office sought:					
Payment fo	or travel outside Texas (complete	boxes 10-16)	Office held:					
10 Name of person	n(s) traveling on whose behalf th	e expenditure for travel v	was made (attach addit	ional pages if necess	ary)			
11 Departure city i	location	12 Departure date	13 Destination city / I	ocation		14 Arrival date		
15 Means of trans	portation	16 Purpose of travel						

!	POLITI	S	CHEDULE F					
	The Instruction	on Guide explains how to comp	plete this form.		1 PAGE # Schedule: 7/8	Report	: 25/43	
2	FILER NAME	Baird, Charles F. (Mr.)			3 ACCOUNT# 00021113	(Ethics C	ommission filers)	
4	Date	5 Payee name Rindy Miller Media			<u> </u>	7	Amount (\$)	
0:	3/01/2006	6 Payee address; C 2401 E 6th Street Ste 1 Austin, TX 78702	City; State; Zip Code 003		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		\$2,030.00	
8 Purpose of payment (See instructions regarding type of information required.) TV ads 9 ** Complete if direct expenditure to be Candidate / Officeholder name: Baird, Charles F. (Mr.)					der name:] efit Candi	idate/Officeholder **	
[Office sought: Office sought: Office held: District Judge							
10 N	10 Name of person(s) traveling on whose behalf the expenditure for travel was made (attach additional pages if necessary)							
11 [11 Departure city / location 12 Departure date 13 Destination city / location						14 Arrival date	
15 Means of transportation				16 Purpose of travel				
4	Date	5 Payee name Travis County Coordina	ted Campaign	7 Amount (\$)				
06	3/10/2006	6 Payee address; C 1311-B East 6th St Austin, TX 78702	City; State; Zip Code				\$5,000.00	
8 Purpose of payment (See instructions regarding type of information required.) coordinated campaign expenses				9 * Complete if direct expenditure to benefit Candidate/Officeholder * Candidate / Officeholder name: Baird, Charles F. (Mr.)				
[☐ Payment fo	or travel outside Texas (complete	boxes 10-16)	Office sought: Office held: District Judge				
10 N	lame of persor	n(s) traveling on whose behalf th	e expenditure for travel	was made (attach addit	ional pages if necess	sary)	-	
11 D	Departure city /	location	12 Departure date	13 Destination city / I	city / location 14 Arrival da			
15 Means of transportation				16 Purpose of travel	·			
				<u> </u>				

(512)463-5800

POLITICAL EXPENDITURES					CHEDULE F	
The Instruction Guide explains how to co	omplete this form.		1 PAGE # Schedule: 8/8	Report	:: 26/43	
2 FILER NAME Baird, Charles F. (Mr.)			3 ACCOUNT # 00021113	(Ethics C	ommission filers)	
4 Date 5 Payee name US Postal Service			<u></u>	7	Amount (\$)	
03/03/2006 6 Payee address; Downtown Station Austin, TX 78701		•••••		\$360.00		
Purpose of payment (See instructions regarding type of informat postage	ot expenditure to bene older name: (Mr.)	efit Candi	idate/Officeholder ••			
Payment for travel outside Texas (comp	Office sought: Office held: District Judge					
10 Name of person(s) traveling on whose beha	If the expenditure for travel	was made (attach addit	tional pages if necess	sary)		
11 Departure city / location	13 Destination city / location 14 Arrival date			14 Arrival date		
15 Means of transportation		16 Purpose of travel				
4 Date 5 Payee name US Postal Service				7	Amount (\$)	
04/24/2006 6 Payee address; Manchaca Station Manchaca, TX 7865	City; State; Zip Code				\$78.00	
Purpose of payment (See instructions regarding type of informat postage	ion required.)	9 ** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Baird, Charles F. (Mr.)				
Payment for travel outside Texas (comp	lete boxes 10-16)	Office sought: Office held: District Judge				
10 Name of person(s) traveling on whose beha	If the expenditure for travel	was made (attach addit	tional pages if necess	sary)		
11 Departure city / location	12 Departure date	13 Destination city / location 14 Arrival date			14 Arrival date	
15 Means of transportation	16 Purpose of travel					

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

Texas Ethics Commission

SCHEDULE G

The Instruction	อง Guide explains how to comp	lete this form.		1 PAGE# Schedule: 1/1	PAGE # Schedule: 1/1 Report: 27/43			
2 FILER NAME	Baird, Charles F. (Mr.)		·	3 ACCOUNT# 00021113	(Ethics C	Commission filers)		
4 Date	5 Payee name Baird, Charles (Mr.)				7	Amount (\$)		
03/13/2006 6 Payee address; City; State; Zip Code 4909 Interlachen Lane Austin, TX 78747-1460						\$127.37 Reimbursement from political contributions intended		
(See instructio	8 Purpose of expenditure (See instructions regarding type of information required.) reimbursement of funds							
Payment fo	or travel outside Texas (complete	boxes 9-15)						
9 Name of perso	n(s) traveling on whose behalf th	e expenditure for travel	was made (attach additi	onal pages if necess	ary)			
10 Departure city	location	11 Departure date	12 Destination city / le	ocation	13 Arrival date			
14 Means of trans	portation		15 Purpose of travel					
4 Date	5 Payee name Baird, Charles (Mr.)					Amount (\$)		
03/13/2006	6 Payee address; C 4909 Interlachen Lane Austin, TX 78747-1460	ity; State; Zip Code			X poli	\$1,000.00 mbursement from tical contributions anded		
8 Purpose of exp (See instruction reimburseme	ns regarding type of information	required.)						
☐ Payment fo	or travel outside Texas (complete	boxes 9-15)						
9 Name of person	9 Name of person(s) traveling on whose behalf the expenditure for travel was made (attach additional pages if necessary)							
10 Departure city /	location	11 Departure date	12 Destination city / location		" .	13 Arrival date		
14 Means of trans	portation		15 Purpose of travel					